

8369

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Maricopa</u> State <u>Arizona</u>		State File No. <u>725</u> ✓	
District or Township _____ or Village _____		City <u>Phoenix</u> No. <u>707 So 1st. Av.</u> St. _____ Ward _____		Local Registrar's No. <u>1272</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Forrest Glenn Hinshaw</u>					
(a) Residence, No. <u>707 So. 1st. Ave.</u> St. _____ Ward _____					
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.			
Male	White	Divorced			
6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>May 2, 1895</u>					
7. AGE	Years	Months	Days	LESS than 1 day hrs. min.	
34					
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Bookkeeper</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Sellola</u> (State or country) <u>Iowa</u>					
10. NAME OF FATHER <u>J. R. Hinshaw</u>					
11. BIRTHPLACE OF FATHER <u>Ill.</u> (city or town) _____ (State or country) _____					
12. MAIDEN NAME OF MOTHER <u>Emma A. Grisson</u>					
13. BIRTHPLACE OF MOTHER <u>Ill.</u> (city or town) _____ (State or country) _____					
14. Informant <u>J. R. Hinshaw</u> (Address) <u>707 So. 1st. Av.</u>					
15. Filed <u>10/26/29</u> 19 <u>29</u> <u>J. W. Woodman</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Oct. 23, 1929</u> 19 <u>29</u>					
Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>10-17</u> , 19 <u>29</u> to <u>10-23</u> , 19 <u>29</u> , that I last saw him alive on <u>10-22</u> , 19 <u>29</u> and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH was as follows: <u>Pulmonary tuberculosis</u> <u>Laryngeal</u> <u>the</u>					
(duration) yrs. mos. ds.					
CONTRIBUTORY (Secondary) <u>Cardiac failure</u>					
(duration) yrs. mos. ds.					
18. Where was disease contracted If not at place of death? <u>unknown</u>					
Did an operation precede death? <u>No</u> Date of _____					
Was there an autopsy? <u>No</u>					
What test confirmed diagnosis? <u>Sputum</u>					
(Signed) <u>Howell Randolph M. D.</u> 10-24 1929 (Address) <u>707 Goodrich Bldg</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Brighton, Colo.</u>				DATE OF BURIAL <u>10/26/29</u>	
20. UNDERTAKER <u>A. L. MOORE & SONS</u>				ADDRESS _____	